

Final Return For Local Income Tax

MAKE CHECKS PAYABLE TO:



20 Emerson Lane
Suite 902
Bridgeville, PA 15017

THIS FORM TO BE COMPLETED AND FILED BY ALL PERSONS SUBJECT TO THE TAX.

TAX YEAR LOCAL TAX RATE

INDICATE NAME OF CITY, BOROUGH OR TOWNSHIP OF RESIDENCE BELOW IF DIFFERENT.

City of Aliquippa

ESTIMATED TAXPAYERS	TAXPAYER A	TAXPAYER B
PRIOR YEAR'S INCOME		
ENTER BELOW PAYMENTS MADE DIRECTLY TO THIS OFFICE AND ENTER THE TOTAL ON LINE 9B		
1ST QTR.	\$	1ST QTR. \$
2ND QTR.	\$	2ND QTR. \$
3RD QTR.	\$	3RD QTR. \$
4TH QTR.	\$	4TH QTR. \$
TOTAL	\$	TOTAL \$

TAX YEAR

TAX RATE

Resident Tax Rate=.016
Non-resident Tax Rate=.015

T
A
D
D
P
R
A
Y
S
R

PLEASE READ INSTRUCTIONS ON REVERSE BEFORE MAKING ENTRIES

TAXPAYER A

TAXPAYER B

NAME

NAME

SOCIAL SECURITY #

SOCIAL SECURITY #

Part-Year Residents Indicate Residency Dates: From (Mo/Yr) To (Mo/Yr)

TWO-INCOME COUPLES MAY FILE ON THIS FORM. HOWEVER, TAX CALCULATIONS MUST BE ENTERED IN SEPARATE COLUMNS. COMBINING INCOMES IS NOT PERMITTED.

1. Earned Income/Compensation (Attach W-2 Forms, 1099 Forms - Attach list if necessary)
2. Less Allowable Business Expenses (Attach PA Schedule UE1 Forms & Federal 2106)
3. Total Earned Income/Compensation (Line 1 minus Line 2)
4. Net Loss From Business, Profession, Farm (Attach Schedules C, K-1, E, F etc.)
5. Subtotal Net Earned Income/Compensation & Net Losses (Line 3 minus Line 4)
(Note: If Negative Enter "0")
6. Net Profit From Business, Profession, Farm (Attach Form 4797, Schedules C, K-1, E, F etc.)
7. Total Taxable Earned Income/Compensation and Net Profits (Line 5 plus Line 6)
8. Calculate Tax Due (Multiply Line 7 by local tax rate above)

1.
2.
3.
4.
5.
6.
7.
8.

- 9a. Local Tax Withheld (Limit: local tax rate)
- 9b. Quarterly Tax Paid To This Office (Totals from current tax year payments chart above)
- 9c. PHILADELPHIA CITY TAX CREDIT
- 9d. Prior Year Overpayment or other credit(s) from reverse
9. Total (Add a, b, c and d)

9a.
9b.
9c.
9d.
9.

10. Overpayment (If Line 9 is greater than Line 8) ☐ Credit to next year ☐ Refund
Amount under \$5.00 will be credited to next year. No refunds under \$5.00.
11. Unpaid Tax Balance (If Line 9 is less than Line 8)
12. Penalty and Interest (1% per month of Line 11)
13. Total Payment Due (Line 11 plus Line 12) No payments under \$1.00 required.
14. Total Amount Enclosed (Totals of Line 13)

10.
11.
12.
13.
14.

I DECLARE UNDER PENALTY OF LAW THAT THE INFORMATION HEREON IS TRUE AND CORRECT.

TAXPAYER A SIGNATURE

DATE

PHONE

EMPLOYER

TAXPAYER B SIGNATURE

DATE

PHONE

EMPLOYER

PREPARED BY:

DATE

PHONE

PREPARER ADDRESS

THIS FORM TO BE COMPLETED AND FILED BY ALL PERSONS SUBJECT TO THE TAX. ALL ACCOUNTS SUBJECT TO AUDIT AND COMPARISON TO PA DEPT. OF REVENUE INCOME REPORTS. REFUNDS MAY BE REDUCED BY TAX LIABILITY OWED FOR PRIOR TAX YEARS OR TAX TYPES. YOU ARE ENTITLED TO RECEIVE A WRITTEN EXPLANATION OF YOUR RIGHTS REGARDING THE COLLECTION OF CERTAIN ELIGIBLE TAXES. YOU MAY OBTAIN A COPY OF THE "TAXPAYER BILL OF RIGHTS" DISCLOSURE STATEMENT BY CONTACTING YOUR LOCAL POLITICAL SUBDIVISION.